



Nevada Division of Insurance

1818 E. College Pkwy, Suite 103, Carson City, Nevada 89706 **Phone:** (775) 687-0700 **Fax:** (775) 687-0787 **Web:** doi.nv.gov

Service Contract Provider Application

The following questions must be answered by all applicants.

Section I:

Provider Name

Federal Employer ID

List All Aliases or Names Under which the Company Conducts Business (Doing Business As)

Home Office Address

City

State

Zip

Mailing Address (if different)

City

State

Zip

Contact Name and Title

Phone

Fax

E-mail

Domiciliary state of applicant

Date of applicant's formation in domiciliary state

Please attach a list of executive officers **and all** officers responsible for service contract business and include the following information (attach additional sheets if necessary):

Name

Title

Date of Birth

Social Security Number

Residence Address

City

State

Zip

Name

Title

Date of Birth

Social Security Number

Residence Address

City

State

Zip

Name

Title

Date of Birth

Social Security Number

Residence Address

City

State

Zip

Please attach a copy of the applicant's charter or certificate of incorporation and documentation for alias or dba

Type(s) of service contracts issued/sold by your company (check all that apply):

☐ Computer/Electronic ☐ Home Appliance/Home Product ☐ Vehicle/Road Assistance ☐ Miscellaneous/Other

If you selected "Miscellaneous/Other", please explain:

Have you designated an administrator to be responsible for administration of Nevada service contracts?

☐ Yes ☐ No

List names and addresses of the administrators designated. Attach additional sheets if necessary.				
Name	Address	City	State	Zip
Name	Address	City	State	Zip

Section II:

Within the past 10 years, has applicant or any of the officers listed in Section I ever:

(a) Been convicted of a felony or any misdemeanor of which an essential element is fraud?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) Been insolvent or adjudged a bankrupt?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(c) Been refused a license or registration (including a license or registration as a service contract provider) or had an existing one suspended or revoked by any state or governmental agency or authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(d) Been fined by any state or governmental agency or authority in any matter regarding service contracts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other than traffic infractions, are there any pending criminal actions against any of the applicant's officers or directors?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please note: If any part of Section II was answered, "yes," attach an explanation.

Section III:

Which **one** of the following proofs of financial responsibility is the applicant using to comply with requirements of Nevada Revised Statute [\(NRS\) 690C.170](#). Provide appropriate documentation for the option selected.

☐ 1. Contractual Liability Insurance Policy issued by an insurer authorized to transact insurance in Nevada. Provide a copy of the policy.

☐ 2. Maintain a reserve account and deposit with the Commissioner security such as a surety bond, securities eligible for deposit pursuant to NRS 682B.030, cash, an irrevocable letter of credit issued by a financial institution approved by the Commissioner, or in any other form prescribed by the Commissioner. The reserve account must contain at all times an amount of money equal to at least 40 percent of the unearned gross consideration received by the provider for any unexpired service contracts. The security deposit with the Commissioner must be an amount that is equal to \$25,000 or 10 percent of the unearned gross consideration received by the provider for any unexpired service contracts, whichever is greater. **Each Year At Renewal:** The provider will be required to report unearned gross consideration on all unexpired service contracts sold to Nevada residents as of the last day of each calendar quarter.

☐ 3. Maintain, or be a subsidiary of a parent company that maintains, a net worth or stockholders' equity of at least \$100,000,000. Provide a copy of the most recent Form 10-K report or Form 20-F report that has been filed with the SEC, or provide a copy of the most recently audited financial statement.

If the net worth or stockholders' equity of the parent company of the provider is going to be used to comply, provide evidence that the parent company guarantees to carry out the duties of the provider under any service contract issued or sold by the provider.

Please note: Pursuant to [NRS 690C.120](#), [NRS 690C.170](#) and [NRS 679B.225](#), documentation that the selected proof of financial responsibility continues in force **must be submitted annually** with the appropriate renewal application.

Section IV:

The applicant certifies that the service contracts issued in this state meet the requirements set forth in [Chapter 690C](#) of the Nevada Revised Statutes and [Chapter 690C](#) of the Nevada Administrative Code, and, under penalty of perjury, (I) or (we) affirm that the statements made in the foregoing application are true and hereby subscribe thereto.

Please note: This application must be verified and signed by one of the officers named in Section I of this application.

Date

Provider Name

Phone

Signature of Officer in Full

Print Name and Title